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He sets the record straight:

DORGAN SAYS PHARMACEUTICAL INDUSTRY ADS DELIBERATELY MISLEAD

(WASHINGTON, D.C.) — U.S. Senator Byron Dorgan (D-ND) said Tuesday a new round of television and radio ads by a national group of big pharmaceutical companies “deliberately mislead” people in an attempt to kindle opposition to legislation aimed at making prescription drugs more affordable for senior citizens.

The ads are run by some of the biggest pharmaceutical corporations in America, who have banded together to form a committee that airs the ad under the vague and somewhat misleading name “Citizens for Better Medicare.” They have been broadcast in the Washington, DC area and in a number of northern tier states, including North Dakota, where some citizens go to Canada to buy their medicines at less cost.

Dorgan is the chief Senate sponsor of a bill that would allow the importation by U.S. pharmacists and other distributors of prescription medicines approved for sale in the United States and manufactured under federal Food and Drug Administration (FDA) supervision and sold in Canada and other countries at a fraction of the cost charged U.S. consumers. He said the ads seek to undermine support for the bill, as well as a plan for adding a prescription drug benefit to Medicare and other legislation that would help lower prescription drug prices for senior citizens.

“The ads are a cynical and deliberate attempt to mold public opinion with misinformation,” Dorgan said. At a Capitol Hill press conference, Dorgan and other sponsors of the legislation sought to correct the record.

Dorgan responded to the ads, point by point, by contrasting what the ad claimed with the accurate information.

The text of the ad follows:

We’ve all heard of seniors going to Canada for their medicines. But have you heard about the seniors who come from Canada to the US? Because Canadians say their government controlled health system is in crisis. They wait longer for new cures Seniors are too often switched to cheaper, less effective medicines. Yet some politicians want to import Canada’s government controls to America. Help Congress. Say “No, thanks.”

Dorgan’s refutation follows:

- **CLAIM #1:** “...But have you heard about the seniors who come from Canada to the U.S.? Because Canadians say their government controlled system is in crisis.”

FACT: The journal *Health Affairs* says only a small number of Canadians come to the U.S. to seek health care. It describes the number of Canadians who do as “a tip without an iceberg.” According to this report, most Canadians who obtain health care in the U.S. are “snow birds” who come to spend the winter months in the U.S. and get sick or injured here. The others mostly come here for speciality care or experimental treatment in clinical trials that are not available in Canada. They come here for different options, not because the lines for the same service in Canada are too long.

- CLAIM #2: “They wait longer for new cures.”

FACT: If Canadians have delayed access to new drugs, it is not because they must depend on Canadian-only companies doing Canadian-based research. That’s not the way today’s transnational drug industry works.

-- In today’s market, the pharmaceutical companies that make new medicines are multinational. The research and clinical studies to get regulatory approval can be conducted in several different countries where the drug companies have a presence, or they may find it cheaper to out-source the work to a “Contract Research Organization”.

-- A lot of path-breaking medical research is done in the United States. U.S. taxpayers now fund over \$15 billion in medical research at NIH. In fact, this taxpayer-funded research is often the basis for the new patented and profit-making drugs later sold by private drug companies, who market these drugs in the US and in many other countries. This path-breaking research will not be lessened by the actions of Congress-- quite the opposite many in Congress are committed to doubling the NIH research budget over the next several years.

-- Drug companies also pay for research, but not all of this work is devoted to finding new cures. A 1997 industry source said that, based on industry standards, less than 30 percent of R&D expenditures is typically allocated to research that leads to the discovery of new medicines.

- CLAIM #3: “[Canadian] Senior Seniors are too often switched to cheaper, less effective medicines.”

FACT: Inappropriate switching of medications is a problem hardly unique to Canada. It is a major concern in the United States among both public and privately-insured patients. Many doctors and patients in managed care plans in the U.S. have complained about this problem. That is why some in Congress have proposed a Patients’ Bill of Rights, to ensure that patients have access to the medicines their doctors prescribe.

- CLAIM #4: “Some politicians want to import Canada’s government controls to America.”

FACT: The bills targeted by these ads want to put *market competition* – not price controls – to work for the American consumer. Legislation that would allow the importation of prescription medicines (S.1191/ HR 1885) merely proposes that American consumers get the benefit of a global economy. Drugs imported to the U.S. at a lower price would be able to compete against the drugs priced higher in the U.S. by manufacturers. Under a Medicare prescription drug benefit, drug manufacturers would be required to negotiate competitive prices with a private entity, much as many health insurance plans now ask health care providers to do.

- CLAIM #5: “FDA experts oppose the bill.”

FACT: The FDA has taken no position on the bills. The Clinton Administration supports adding prescription drug coverage to Medicare.

- CLAIM #5: The ads say they are paid for by “Citizens for Better Medicare.”

FACT: The ads are paid for by a collection of some of the biggest pharmaceutical corporations in America. According to *SCRIPT Magazine*, a drug industry trade journal, “Citizens for Better Medicare” was formed by the Pharmaceutical Research and Manufacturers of America (PhRMA), the largest drug industry association in the United States. Other major members include:

- S National Association of Manufacturers
- S Healthcare Leadership Council (a lobbying group representing large pharmaceutical, insurance companies, and other corporations.)
- S Healthcare Marketing and Communications Council (drug advertising and product promotions group)
- S a number of conservative – not mainstream – senior lobbying groups.

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